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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center;">All Elite Wrestling 1 Tiaa Bank Field Pr. Jacksonville, Florida 32202</p> <div style="text-align: center;">             9590 9402 7591 2098 5496 25         </div> <p>2. Article Number (Transfer from service label)</p> <p>89 0710 5270 1040 1710 78</p>	<p>A. Signature</p> <p><i>x K Lanahan</i></p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p><i>K Lanahan</i></p> <p>C. Date of Delivery</p> <p><i>1/2/24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p style="text-align: center;">JAN 17 2024</p> <p style="text-align: center;">CLERK, U.S. DISTRICT COURT NORTHERN DISTRICT OF OHIO YOUNGSTOWN</p> <p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> </div> </div>

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

<p>USPS TRACKING #</p> <p>JACKSONVILLE FL 320</p> <p>12 JAN 2024 PM 2 L</p> <div style="text-align: center;">             9590 9402 7591 2098 5496 25         </div>	<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;"> <p>First-Class Mail Postage &amp; Fees Paid USPS Permit No. G-10</p> </div>
<p>United States Postal Service</p>	<p>• Sender: Please print your name, address, and ZIP+4® in this box •</p> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p>United States District Court NDOH 125 Market St. Youngstown, OH 44503</p> </div>

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